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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of:
Quintero

§ Group Art Unit: 1712

§

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Serial No.: 09/691,589

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§ Examiner: D. Metzmaier

Filed: October 18, 2000

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For: Treatments for Drill Cuttings

§ Atty. Docket: 154-12786-CIP

RESPONSE TO SECOND
OFFICE ACTION AFTER RCE

Mail Stop AF
Commissioner for Patents
PO Box 1450
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This paper is filed in response to the office action mailed April 16, 2004.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 21 of this paper.

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/691,589	OFFICIAL RECEIVED CENTRAL FAX CENTER APR 29 2004
	Filing Date	10/18/2000	
	First Named Inventor	QUINTERO	
	Art Unit	1712	
	Examiner Name	D. Metzmaier	
Total Number of Pages in This Submission	22	Attorney Docket Number	154-12786-CIP

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to 2nd OA after RCE Amendment/Reply (21 pgs) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Paula D. Morris, Reg. No. 31,516	
Signature	<i>Paula D. Morris</i>	
Date	4-29-04	

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